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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/737,126	12/15/2003	Ken A. Nishimura	10030571-1	5946	
AGILENT TECHNOLOGIES, INC. Legal Department, DL 429			EXAMINER		
			THOMAS, BRANDI N		
Intellectual Pro P.O. Box 7599	Intellectual Property Administration P.O. Box 7599		ART UNIT	PAPER NUMBER	
	Loveland, CO 80537-0599			2873	
			MAIL DATE	DELIVERY MODE	
			01/16/2009	PAPER	

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Interview Summary	10/737,126	737,126 NISHIMURA ET AL.	
interview Summary	Examiner	Art Unit	
	BRANDI N. THOMAS	2873	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>BRANDI N. THOMAS</u> .	(3)		
(2) <u>JUDY SHIE</u> .	(4)		
Date of Interview: <u>1/5/09</u> .			
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2	2)∏ applicant's representative	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.		
Claim(s) discussed:			
Identification of prior art discussed:			
Agreement with respect to the claims f) was reached. g	)∏ was not reached. h)⊠ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>Applicant's representative a response</u> .			
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTE requirements on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APP Y DAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO
	/BRANDI N THOMAS/		
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Application No.

Applicant(s)